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Diffuse Lipomatosis in a Woman without any Associated Pain. By F. PARKES WEBER, M.D. Exhibited January 22, 1904.

ELLEN G., æt. 34, single, shows typical diffuse lipomata below the lower jaw, on the upper arms, and on each side of the front of the thorax near the costal margins. A typical bilobed diffuse lipomatous mass on the lower part of the back of the neck between the shoulders has recently been removed by operation. The patient has always enjoyed good health, and has been till lately employed in a confectioner's shop. She seems active and not excessively fat. There is no evidence of any disease of the thoracic or abdominal viscera or of the nervous system. The thyroid gland can be felt and is apparently not abnormally small. There are some varicose veins and cutaneous telangiectases in both external femoral regions. Menstruation is regular. She has been accustomed to take a little beer and occasionally whisky. The lipomatosis was first noticed about two years ago, soon after she had suffered from a dental abscess in the lower jaw, which led to a fistulous opening on the face. There has never as yet been any pain in connection with the lipomata. The patient has been treated by thyroid tabloids (only one a day); this treatment has been followed, she thinks, by a diminution in the size of the fatty masses.

The occurrence of typical diffuse lipomatosis in women is rare, though Dr. Weber is inclined to believe, with Dr. P. Thimm (*Monatshefte f. prakt. Derm.*, vol. xxxvi, p. 281), that at least some, if not all, of the cases described as examples of Dercum's adiposis dolorosa,* an affection which has been noted almost exclusively in women, are only varieties of diffuse lipomatosis. Thimm even suggests that adiposis dolorosa bears the same relation to ordinary diffuse lipomatosis which painful encapsuled lipomata bear to ordinary multiple encapsuled lipomata. It is questionable whether painful symptoms

* It is curious that Dercum in 1892 made no mention of any form of disease named diffuse lipoma when he wrote an account of, and first suggested, a name for, the three first recognised cases of "adiposis dolorosa" (*Amer. Journ. Med. Sci.*, Philadelphia, 1892, vol. civ, p. 521), though one of the cases had the lipomatous mass at the lower part of the back of the neck so characteristic of diffuse lipoma. The well-known English account of diffuse lipoma by W. Marrant Baker and A. A. Bowlby was, however, only published in 1886 (*Medico-Chirurgical Transactions*, London, vol. lxi, p. 41).

similar to those which have been described as characteristic of adiposis dolorosa may not likewise occur in patients without any adiposis at all. Moreover, some of the published cases of adiposis dolorosa have commenced without any pain. One or two of the more recent cases, for which the diagnosis adiposis dolorosa has been suggested, have never had any pain to speak of in connection with their lipomata, and if the diagnosis be insisted on they will have to be termed *adiposis dolorosa sine dolore*; but, of course, in such cases it is always open for anyone to say that the pains of adiposis dolorosa will develop ultimately if the patients live long enough.

Among the few published cases of diffuse lipomatosis in women one of the most typical was accompanied by general wasting; it was under the care of Dr. Lejars, of Paris, and is figured by Launois and Bensaude in the *Presse Médicale* (Paris, June 1st, 1898, p. 296). These authors, on account of their theory of the origin of diffuse lipomatosis, name the disease "adeno-lipomatosis," and the title of their paper is "L'Adéno-lipomatose Symétrique à Prédominance Cervicale."

As, however, the French theory of there being a kind of semi-inflammatory development of fat, spreading from diseased lymphatic glands, cannot, in the present state of knowledge, be supported, Dr. Weber prefers the term "diffuse lipomatosis" to "adeno-lipomatosis." "Adiposis," on the other hand, merely means obesity, whilst "lipomatosis" implies a process of tumour-formation.

Diffuse Lipomatosis in a Man with slight General Wasting. By F. PARKES WEBER, M.D. *Exhibited January 22, 1904.*

F. W., æt. 52, shows typical diffuse lipomata of neck, arms, pubic region, etc. There is slight general wasting, but no certain sign of disease of thoracic or abdominal viscera. The veins in the upper arms near the lipomatous masses are considerably dilated. The man was formerly a carman, but is now connected with a public-house. He has often been used for clinical demonstrations of diffuse lipoma. As a boy he was fat, and used to be called "tubby." He is married and has children. His father suffered from epileptic fits.

The lipomatous masses first appeared in 1868, following an injury (fracture of the right patella). His body has been getting thinner during the last six or seven years. He has never had pain connected with the lipomata.

In connection with the slight wasting there might possibly be a cirrhotic change in the liver, though this cannot be decided. Cases of diffuse lipoma with general wasting sometimes develop ascites, as in a case often seen by Dr. Weber, which was under the care of his colleague, the late Dr. Port, at the German Hospital in 1898. The patient was a "musician," æt. 66, with typical diffuse lipomata (neck, axillæ, upper arms) and general wasting. The ascites first appeared about May, 1898, and large amounts of ascitic fluid had repeatedly to be drawn off before the patient's death, which took place about January, 1899. There was no *post-mortem* examination. That case of Dr. Port reminds Dr. Weber very much of the case shown on October 23, 1903, at the Clinical Society of London (a man, æt. 47) by his colleague, Dr. Leonard Williams, the latter patient having since that date been tapped at the hospital for ascites. As far as Dr. Weber knows, however, there are no published *post-mortem* records to show whether the ascites which sometimes develops in patients with diffuse lipomatosis, is really due to associated hepatic cirrhosis (as one would suppose) or to some other cause.

